2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J35466

FILED Jan 21, 2009 Secretary of State

Entity Name: WALTER JONES CONSTRUCTION COMPANY, INC.

Current Principal Place of Business:		New Principal Place of Business:		
608 RUSH YULEE, FI				
Current Mailing Address:		New Mailing Address:		
PO BOX 1 FERNANI	586 DINA BCH, FL 3	2034 US		
FEI Number	: 59-2824232	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()
Name and	Address of Cu	ırrent Registered Agent:	Name and Address of	of New Registered Agent:
	/ESLEY R. RE STREET \			
FERNAND The above	DINA BEACH, FI named entity su		ourpose of changing its registere	ed office or registered agent, or both,
FERNAND The above in the State	DINA BEACH, FI named entity so e of Florida.		ourpose of changing its registere	ed office or registered agent, or both,
FERNAND The above in the State	DINA BEACH, FI named entity su e of Florida. RE:			ed office or registered agent, or both, Date
FERNAND The above in the State SIGNATU	DINA BEACH, FI named entity su e of Florida. RE: Electronic	ubmits this statement for the p		
FERNAND The above in the State SIGNATU	DINA BEACH, FI named entity su e of Florida. RE: Electronic	ubmits this statement for the position of the position of Registered Agramst Fund Contribution ().	ent	
FERNAND The above in the State SIGNATUI Election Car OFFICER Title: Name: Address:	DINA BEACH, FI named entity si e of Florida. RE: Electronic mpaign Financing S AND DIRECT	ubmits this statement for the position of Registered Agriculture of Registered Agricultures Fund Contribution (). ORS: Delete R,	ent	Date
FERNAND The above in the State SIGNATU	DINA BEACH, FI named entity sue of Florida. RE: Electronic mpaign Financing S AND DIRECT PD ()I JONES, WALTER 142 BAYVIEW R YULEE, FL	c Signature of Registered Agr Trust Fund Contribution (). ORS: Delete R, D Delete H K. SR, .	ent ADDITIONS/CHANG Title: Name: Address:	Date ES TO OFFICERS AND DIRECTORS:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DOROTHY JONES ST 01/21/2009